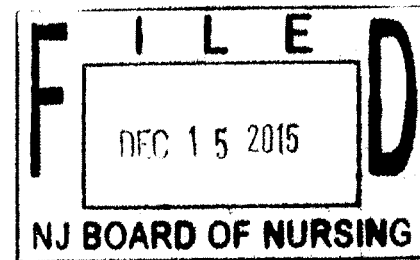


JOHN J. HOFFMAN
ACTING ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, New Jersey 07101



By: Wendy Leggett Faulk
Deputy Attorney General (04332)
(973) 648-7093

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF NURSING

IN THE MATTER OF THE SUSPENSION OR
REVOCATION OF THE CERTIFICATE OF

IRINE CARMAN, C.H.H.A.

Certificate No. 26NH13784300

TO PRACTICE AS A CERTIFIED
HOMEMAKER-HOME HEALTH AIDE
IN THE STATE OF NEW JERSEY

ADMINISTRATIVE ACTION

CONSENT ORDER
OF
REVOCATION

This matter was opened to the New Jersey State Board of Nursing (the "Board") upon receipt of information indicating that Irine Carman, C.H.H.A. ("Respondent"), holder of certificate number **26NH13784300** to practice homemaker-home health aide services, obtained said certificate in 2012 through the use of misrepresentation and/or fraud. Specifically, Respondent did not attend or complete a homemaker-home health aide training and competency evaluation program provided by HHCH Health Care, Inc. in 2012, as stated on Respondent's application for certification to the Board.

The Board finds that by obtaining her certification as a homemaker-home health

aide without completing the required training and competency evaluation program, Respondent obtained her certification through fraud, deception or misrepresentation in violation of N.J.S.A. 45:1-21(a).

The parties, the Acting Attorney General and Respondent, Irine Carman, desire to resolve this matter without formal proceedings; Respondent voluntarily consents to the within Order and waives any right to a hearing in this matter; and the Board, finding the within disposition adequately protective of the public health, safety and welfare, and other good cause having been shown:

IT IS ON THIS 14th day of December 2015, HEREBY ORDERED AND AGREED THAT:

1. Respondent's certification to practice as a certified homemaker-home health aide in the State of New Jersey is hereby revoked, effective immediately. Respondent shall not be eligible to apply for or obtain a certificate to practice homemaker-home health aide services in the State of New Jersey for a period of five (5) years.

2. Respondent shall immediately cease and desist from holding herself out as a Certified Homemaker-Home Health Aide and/or practicing as a certified homemaker-home health aide. Continued practice by Respondent constitutes grounds for a charge of unlicensed practice pursuant to N.J.S.A. 45:1-25.

3. Respondent shall immediately surrender her most recent certificate to practice as a certified homemaker-home health aide, and any biennial registration cards, to the Board by submitting the same, together with this signed Order, to the New Jersey Board of Nursing, Attention: Joanne Leone, Acting Executive Director, at 124

Halsey Street, Sixth Floor, Newark, New Jersey, 07101.

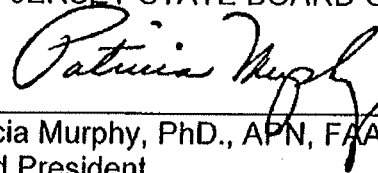
4. Prior to Board consideration of any application by Respondent for a certificate to practice homemaker-home health aide services in New Jersey, Respondent shall appear before the Board to provide evidence of her rehabilitation to the satisfaction of the Board, and to show competency to practice, including documentation of satisfactory completion of a homemaker-home health aide training course as required by Board regulations.

5. The parties hereby stipulate that entry of this Order is without prejudice to further action or investigation by this Board, the Acting Attorney General, the Director of the Division of Consumer Affairs, or any other law enforcement entities, resulting from Respondent's conduct prior or subsequent to the entry of this Order.

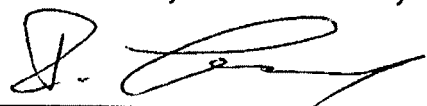
6. Respondent acknowledges that she has been specifically advised of her right to have this Consent Order reviewed by an attorney of her choosing. Respondent enters this Consent Order knowingly and voluntarily, and acknowledges that there have been no other representations or agreements not stated in writing herein.

NEW JERSEY STATE BOARD OF NURSING

By:


Patricia Murphy, PhD., APN, FAAN
Board President

I have read and understood the within Consent Order and agree to be bound by its terms. I hereby consent to entry of this Order.



Irine Carman (Sign Name)

Date: 11/1/15